PART B - FEE(S) TRANSMITTAL

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Jonathan P. Osha Rosenthal & Osha I Suite 2800 1221 McKinney St		3 00000026 100	519263		I hereby certify that t	rtificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the control of	g deposited with the United	
Houston, TX 77010	1330.00 DP 300.00 DP 12.00 DP)p	(Depositor's name)				
) 02 FC:1504 , 03 FC:8001				(Signature)				
,			22,000				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/619,263	07/14/2003		Yoshiyuk	i Komu	ra -	15115/082001	7037	
	METHOD FOR MANUFAC IDE, AND OPTICAL COMN					EGUIDE DEVICE, OPTICA IDE DEVICE	L WAVEGUIDE DEVICE	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330)		\$300	\$1630	10/14/2004	
EXAM	INER	ART UN	IT	C	LASS-SUBCLASS	1		
DOAN, JE	DOAN, JENNIFER		385-137000					
Address form PTO/SB/12 "Fee Address" indicatic PTO/SB/47; Rev 03-02 c Number is required. 3. ASSIGNEE NAME AND	n (or "Fee Address" Indicati ir more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be 37 CFR 3.11. Completion of	on form of a Customer E PRINTED ON The control of the customer of the custome	or agents ((2) the nar registered 2 registere listed, no reference to the control of the control of the particular will app T a substitute	OR, alteme of a attorney of paten name with the control of the con	single firm (having as or agent) and the nar attorneys or agents. It libe printed. or type) the patent. If an assig g an assignment.	a member a 2 nes of up to no name is 3	May L.L.P.	
			B) RESIDENCE: (CITY and STATE OR COUNTRY)					
OFINON CORTO	MITON		•		•	•	ı yoto Japan 600-85	
Please check the appropriate	assignee category or categor					corporation or other private g	-	
4a. The following fee(s) are	enclosed:	- 4b	. Payment of	Fee(s):		.		
∑ Issue Fee			☐ A check in the amount of the fee(s) is enclosed.					
			☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-059 1 (enclose an extra copy of this form).					
Advance Order - # or	copies		Deposit Acc	ount Nu	mber 50-0591	enclose an extra c	copy of this form).	
•	(from status indicated above) IALL ENTITY status. See 37		□ b. Applica	nt is no	t claiming SMALL EN	TITY status. See, e.g., 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and Puinterest as shown by the reco	ublication Fee (if required) words of the United States Pate	ill not be accepted to the stand Trademark	d from anyone Office.			ly paid issue fee to the applications is the state of the application of the state		
		1079	,					
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	n is required by 37 CFR 1.31 ty is governed by 35 U.S.C. plication form to the USPTO for reducing this burden, sh	1 The information	on is required 1.14. This col depending up e Chief Infort COMPLETEI	to obtain the pontion () FORM	n or retain a benefit by is estimated to take 12 individual case. Any c Officer, U.S. Patent and IS TO THIS ADDRES	the public which is to file (an minutes to complete, includi omments on the amount of ti J Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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ᡟ FEE TRANSMITTAL		Application Number			10/619,263-Conf. #7037			
for EV 2004	7 (pp//oditor) (tamber			July 14, 2003				
for FY 2004				Yoshiyuki Komura				
Effective 10/01/2003. Patent fees are subject to annual revision.				Jennifer Doan				
Applicant claims small entity status. See 37 CFR 1.27					2874			
 				ocket N		15115/08	32001	
	ليسم	Allon	ey Do					
METHOD OF PAYMENT (check all that apply)				FEE	CALCUL	ATION (co	ontinued)	
Check X Credit Money Order Other None	3. ADDITIONAL FEES							
Deposit Account:								
Deposit 50.0504		Entity		II Entity	-			
Account 50-0591 Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Desc	cription	Fee Paid
Deposit Color 2 March 4 D	1051	130	2051	65	Surcharge	- late filing fe	e or oath	
Account Name Osha & May L.L.P.	1052	50	2052		-	=	onal filing fee or cover	
The Director is authorized to: (check all that apply)	1032	30	2032	25	sheet.		-	
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Englis	h specificatio	n	
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a r	equest for ex p	parte reexamination	
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Requesting Examiner a		of SIR prior to	
to the above-identified deposit account,	1805	1,840*	1805	1.840*	Requesting	publication o	of SIR after	
FEE CALCULATION	1251	110	2251	•	Examiner a	action for reply within		
1. BASIC FILING FEE	1252	420	2252				n second month	
Large Entity Small Entity	1253	950	2253	475	Extension f	or reply within	n third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension f	or reply within	n fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension f	or reply within	n fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of A	ppeal		
1003 530 2003 265 Plant filing fee	1402	330	2402		-	ef in support o	f an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403			r oral hearing	#a	
1005 160 2005 80 Provisional filing fee	1451 1452	1,510 110	1451 2452			nsutute a pub evive – unav	lic use proceeding	ļ
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665		evive - uninte		\vdash
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue	fee (or reissu	ue)	1,330.00
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issu	ıe fee		
Total Claims -20** = x =	1503	640	2503	320	Plant issue	fee		
Independent -3** = x = x	1460	130	1460	130	Petitions to	the Commiss	sioner	
Multiple Dependent =	1807	50	1807	50	Processing	fee under 37	CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	180	Submission	of Information	on Disclosure Stmt	
Fee Fee Fee Fee Code (\$) Code (\$)	8021	40	8021	40			ssignment per of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a sub	mission after	final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 CFR 1.	129(a)) dditional invel	ntion to be	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	examined (37CFR 1.129	(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	•		xamination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	of a design			
and over original patent	Other	ee (spe	ify)	8001; 1505	Printed cop fee for repu		o color; Publication	312.00
SUBTOTAL (2) (\$) 0.00	*Redu	ced by E	Basic F	iling Fee			TAL (3) (\$)	1,642.00
**or number previously paid, if greater, For Reissues, see above								
SUBMITTED BY						(Complete	(if applicable))	
		ation No y/Agent)	33	,986		Telephone	(713) 228-8600	
Signature + 45,079			_			Date	September 23,	2004

PTO/SB/21 (04-04)
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/619,263-Conf. #7037
Filing Date	July 14, 2003
First Named Inventor	Yoshiyuki Komura
Art Unit	2874
Examiner Name	Jennifer Doan
Attorney Docket Number	15115/082001

ENCLOSURES (Check all that apply)					
X Fee Transmittal Form	Drawing(s)	After Allowance communication to Technology Center (TC)			
X Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter			
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):			
Express Abandonment Request	Request for Refund	Return Receipt Postcard Part B-Fees Transmittal			
Information Disclosure Statement	CD, Number of CD(s)				
Certified Copy of Priority Document(s)					
Response to Missing Parts/	Remarks				
Incomplete Application					
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATI	URE OF APPLICANT, ATTORNEY, OF	RAGENT			
Firm OSHA & MAY L.L.P					
or Individual name	<u> </u>				
Signature	#45,079				
Date September 23, 2004					

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Dated: September 23, 2004	Signature: (La fallo) Charlotte (Cookingham)